



Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

Primary Concern/Goals: 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 3. \_\_\_\_\_

When did it start and what therapies have you tried for it? \_\_\_\_\_

List all supplements currently taking? \_\_\_\_\_

List all medications currently taking? \_\_\_\_\_

Vegetarian?  Type: \_\_\_\_\_ Metal in your body (staples,pins, etc.)? \_\_\_\_\_

Allergies?  Details: \_\_\_\_\_

Car Accidents?  Details: \_\_\_\_\_

Hospitalizations/ Surgeries?  Details: \_\_\_\_\_

Hx of Head Trauma/Concussion/Spinal Trauma?  Details: \_\_\_\_\_

Broken Bones/ Dislocations?  Details: \_\_\_\_\_

Hx of Abuse:  Physical:  Mental:  Emotional:  Sexual: \_\_\_\_\_

Family Hx of Disease (Diabetes, Heart Disease, Cancer, etc.) \_\_\_\_\_

Previous Chiropractic Care:  Last Visit: \_\_\_\_\_

**Please mark the the following conditions you may have had or have now (- have had + have now)**

Ulcer  
 Hiatal Hernia  
 Food intolerance: \_\_\_\_\_  
 Chrons /Colitis/ IBS  
 Asthma  
 URI/ Bronchitis \_\_\_\_\_ x  
 Pneumonia \_\_\_\_\_ x  
 Emphysema  
 Ear Infections \_\_\_\_\_ x  
 Strep throat \_\_\_\_\_ x  
 Root Canal(s) \_\_\_\_\_ x  
 Staph infection / MRSA  
 Mononucleosis  
 Measles/ Mumps  
**Autoimmune Disease:**  
 Types: \_\_\_\_\_  
 Diabetes: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Low Thyroid  
 Neurological problems:  
 Type: \_\_\_\_\_

Cancer Type: \_\_\_\_\_  
 Learning Disability  
 Addiction: \_\_\_\_\_  
 Eating Disorder: \_\_\_\_\_  
 Eye problems: \_\_\_\_\_  
 Near-sighted/ Far-sighted  
 Sleep Apnea / CPAP use  
 Insomnia  
 Osteoporosis/ Osteopenia  
 Arthritis: \_\_\_\_\_  
 Gout  
 Psoriasis/ Eczema  
 Varicose/ Spider Veins  
 Heart Issues: \_\_\_\_\_  
 High/ Low Blood pressure  
 High Cholesterol  
 Stroke  
 Incontinence  
 Kidney stones  
 STD

**Male Only**  
 Infertility  
 Benign Prostatic Hyperplasia  
 PSA #

**Female Only**  
 Birth control: \_\_\_\_\_  
 Infertility  
 Endometriosis  
 Fibrocystic Breast  
 Uterine fibroids  
 Ovarian cysts  
 Yeast Infection  
 Infertility  
 Pelvic Inflamm Disease  
 Abnormal Pap  
 Menopause  
 PCOS  
 Pregnant Weeks \_\_\_\_\_  
 Are you trying to be pregnant?  
 # of Live births \_\_\_\_\_  
 # of Pregnancies \_\_\_\_\_

**Travel History**  
 Mexico/ Central America  
 India/SoutheastAsia  
 Africa



# Adult Case History

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Stress: scale 1-10   | <input type="checkbox"/> Coffee: cups / day    | <input type="checkbox"/> Soy Use: <input type="text"/> | <input type="checkbox"/> Cardio: x / wk       |
| <input type="checkbox"/> Water: oz / day      | <input type="checkbox"/> Soda: oz / day        | <input type="checkbox"/> Artificial Sweetener Use:     | <input type="checkbox"/> Weight Train: x / wk |
| <input type="checkbox"/> Juice: glasses / day | <input type="checkbox"/> Alcohol: glasses / wk | <input type="checkbox"/> Equal (Aspartame)             | <input type="checkbox"/> Yoga Pilate: x / wk  |
| <input type="checkbox"/> Tobacco: x / day     | <input type="checkbox"/> Splenda (Suralose)    | <input type="checkbox"/> Sports: hrs / wk              |   |

**Rank any symptoms you are currently having 1 -10 or check applicable boxes.  
(10 = Best 0 = Worst )**

## Neuro-hormonal/ Endocrine Pillar# 1

- Energy Low / Variable / Normal / High
- Difficulty Falling Asleep
- Difficulty Staying Asleep
- Slow to start in AM
- Energy Crash (AM/PM)
- Dizzy when stand quickly
- Light Bothers Eyes
- Weak Nails
- Perspire Easily or Excessive
- Orgasm Quality (poor /fair / good / great)
- Other \_\_\_\_\_

## Uterus

- Last Period \_\_\_\_\_
- Length of Menses \_\_\_\_\_
- Regular Cycle
- Irregular Cycle
- Late (more than 28 days)
- Skip Cycle
- Flow (heavy/moderate/light)
- Cramps (mild / moderate / severe)
- Clotting/Spotting
- Headache side of head
- Other \_\_\_\_\_

## Pituitary

- Sex Drive Flat / Low / Normal / High
- Menstrual Disorders
- Splitting Headaches
- Other \_\_\_\_\_

## Ovaries

- Low Abdominal Puffiness
- Fluid Retention Face / Hands / Feet
- Mood Swings / Irritable / Depression
- Tired During Cycle
- Ovarian Pain
- Breast Tender around Cycle
- Acne around Cycle (pre / mid / post)
- Birth control Pill / Patch
- Menopause Natural / Surgical
- Hot Flashes
- Facial Hair Growth
- Dark Nipple Hair
- Hair growing up towards belly button
- Skin Crawling
- Breast discharge
- Breasts shrinking
- Breast Feeding
- Breast Surgery
- Other \_\_\_\_\_

## Thyroid

- Tired / Sluggish through the day
- Chills / Cold Hands/Feet/Body
- Require Excessive Sleep
- Increase in weight unexplained
- Difficult / infrequent bowel movements
- Depression / Lack of Motivation
- Hair Loss / Thinning
- Thinning of Outer Third of Eyebrow
- Dryness of Scalp
- Mental Sluggishness
- Heart Palpitations-Skip / Flutter
- Inward Trembling
- Increase pulse at rest
- Insomnia - cannot sleep
- Night Sweats
- Other \_\_\_\_\_

## Vagina (women)

- Burn
- Itch
- Dry
- Discharge clear / white / yellow / green/brown
- Pain with intercourse

## Testes (men)

Sex Drive Flat / Low / Normal / High  
\_\_\_\_\_ Decreased Morning Erections  
\_\_\_\_\_ Decreased Erection Fullness  
\_\_\_\_\_ Inability to Concentrate  
\_\_\_\_\_ Episodes of Depression  
\_\_\_\_\_ Decreased Physical Stamina  
\_\_\_\_\_ Sweating Attacks  
\_\_\_\_\_ More emotional than past  
\_\_\_\_\_ Unexplained weight gain  
Other \_\_\_\_\_

## Sleep

Quality (poor / fair/good / great)  
\_\_\_\_\_ Hours In bed  
\_\_\_\_\_ Hours asleep  
Interrupted \_\_\_\_\_ times per night  
\_\_\_\_\_ Awaken Suddenly (Jolt)  
Other \_\_\_\_\_

## Emotions

\_\_\_\_\_ Stress  
\_\_\_\_\_ Sad  
\_\_\_\_\_ Grief  
\_\_\_\_\_ Depression  
\_\_\_\_\_ Moodiness  
\_\_\_\_\_ Frustrated  
\_\_\_\_\_ Irritable  
\_\_\_\_\_ Angry  
\_\_\_\_\_ Worrisome  
\_\_\_\_\_ Nervous  
\_\_\_\_\_ Anxiety  
\_\_\_\_\_ Panic  
\_\_\_\_\_ Cry  
\_\_\_\_\_ Fear  
\_\_\_\_\_ Shame  
\_\_\_\_\_ Guilt  
Others \_\_\_\_\_

## Brain

\_\_\_\_\_ Forget Names  
\_\_\_\_\_ Forget Numbers  
\_\_\_\_\_ Forget Words  
\_\_\_\_\_ Forget Actions  
Other \_\_\_\_\_

## Exercise

Cardiovascular \_\_\_\_\_ times/week  
Weight Train \_\_\_\_\_ times/week  
Other \_\_\_\_\_

## Pancreas/ Glycemic Management Pillar# 2

\_\_\_\_\_ Crave sweets  
\_\_\_\_\_ Irritable when skip meals  
\_\_\_\_\_ Light headed when skip meals  
\_\_\_\_\_ Eating relieves fatigue  
\_\_\_\_\_ Bouts of Blurred Vision  
\_\_\_\_\_ Fatigue after meals  
\_\_\_\_\_ Frequent Urination  
\_\_\_\_\_ Increased Thirst  
\_\_\_\_\_ Difficulty losing weight  
Other \_\_\_\_\_

## Appetite/Diet

Appetite (low / Normal / High)  
Eat Animal Protein \_\_\_\_\_ per day  
Eat Starch (pasta / bread / potatoes / rice)  
Eat Sweets ( Cakes/cookies/candy)  
Eat Chocolate \_\_\_\_\_ /per day  
Eat Spicy Foods \_\_\_\_\_ / per week  
Eat Ice Cream \_\_\_\_\_ / per week  
Coffee \_\_\_\_\_ /cups per week  
Caffeinated Tea \_\_\_\_\_ / cups per week  
Juice \_\_\_\_\_ / per week  
Soda \_\_\_\_\_ / per week  
Wine \_\_\_\_\_ / per week  
Liquor \_\_\_\_\_ / per week  
Avoid Artificial Sweeteners \_\_\_\_\_  
Avoid Trans Fat \_\_\_\_\_ %

## BioTerrain/Mineral Pillar# 3

\_\_\_\_\_ Twitching Around Eyes  
\_\_\_\_\_ Difficulty Falling Asleep  
\_\_\_\_\_ Don't Remember Dreams  
\_\_\_\_\_ Nail spots / weakness  
\_\_\_\_\_ Air hunger / frequent sighs  
\_\_\_\_\_ Cramps (legs / feet / hands)  
\_\_\_\_\_ Aches (legs / feet / arms / hands)  
\_\_\_\_\_ Restless (legs / feet /arms / hands)  
\_\_\_\_\_ Frequent Thirst  
\_\_\_\_\_ Shallow Rapid Breathing  
\_\_\_\_\_ Poor Muscle Endurance  
\_\_\_\_\_ Swelling in Ankles and Wrists  
\_\_\_\_\_ Uterine Cramps (women)  
\_\_\_\_\_ Urination Leakage  
Other \_\_\_\_\_

## Eyes/ Inflammatory/Immune Pillar# 4

- \_\_\_\_\_ Bum / Red / Dry
- \_\_\_\_\_ Tears
- \_\_\_\_\_ Eye Film / Crust in Morning
- \_\_\_\_\_ Floaters
- \_\_\_\_\_ Stye
- \_\_\_\_\_ Itchy Eyes
- \_\_\_\_\_ Eye Ache
- \_\_\_\_\_ Vision Blurry
- \_\_\_\_\_ Tired
- \_\_\_\_\_ Spots
- \_\_\_\_\_ Puffy
- \_\_\_\_\_ Dark Circles

Other \_\_\_\_\_

## Ears

- \_\_\_\_\_ Ear Noise (Ring /Hiss / Pound)
- \_\_\_\_\_ Ear Plugged
- \_\_\_\_\_ Ear Popping
- \_\_\_\_\_ Ear Ache / Infections
- \_\_\_\_\_ Ear Itch Internally
- \_\_\_\_\_ Ear Drainage
- \_\_\_\_\_ Hearing Loss
- \_\_\_\_\_ Excessive Ear Wax
- \_\_\_\_\_ Dizziness / Vertigo

Other \_\_\_\_\_

## Sinus

- \_\_\_\_\_ Frontal Headache
- \_\_\_\_\_ Sinus Dry
- \_\_\_\_\_ Sinus Drain
- \_\_\_\_\_ Sinus Stuffy / Pressure
- \_\_\_\_\_ Sneeze Frequently
- \_\_\_\_\_ Smell / Taste Loss
- \_\_\_\_\_ Post Nasal Drip
- \_\_\_\_\_ Mucous (clear / white / yellow / brown)

Other \_\_\_\_\_

## Lungs

- \_\_\_\_\_ Chest Congestion
- \_\_\_\_\_ Pain on Breastbone
- \_\_\_\_\_ Shortness of Breath upon exertion
- \_\_\_\_\_ Frequent Sighs
- \_\_\_\_\_ Wheezing
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Emphysema
- \_\_\_\_\_ Bronchitis

Other \_\_\_\_\_

## Mouth/Throat/Immune

- \_\_\_\_\_ Blisters
- \_\_\_\_\_ Canker Sore
- \_\_\_\_\_ Bad Breath
- \_\_\_\_\_ Dry Mouth
- \_\_\_\_\_ Bleeding Gums
- \_\_\_\_\_ Receding Gums
- \_\_\_\_\_ Teeth Health Problems
- \_\_\_\_\_ Swelling of Glands
- \_\_\_\_\_ Cough (Dry / Productive)
- \_\_\_\_\_ Sore Throat
- \_\_\_\_\_ Hoarseness
- \_\_\_\_\_ Fever
- \_\_\_\_\_ Frequent (Colds / Flu)
- \_\_\_\_\_ Environmental Allergies
- \_\_\_\_\_ Nail Fungus (mild / mod / severe)
- \_\_\_\_\_ Nightmares

Other \_\_\_\_\_

## Bladder

- \_\_\_\_\_ Urinate \_\_\_\_\_ per day awake
- Awake to Urinate \_\_\_\_\_ times per night
- \_\_\_\_\_ Urination Urgency
- \_\_\_\_\_ Burning / Pain with Urination
- \_\_\_\_\_ Cloudy Urine
- \_\_\_\_\_ Spasm Urinating
- \_\_\_\_\_ Urinary Tract Infection
- \_\_\_\_\_ Kidney Pain / Infections

Other \_\_\_\_\_

## Skin

- \_\_\_\_\_ Skin Rash
- \_\_\_\_\_ Acne
- \_\_\_\_\_ Itchy Skin
- \_\_\_\_\_ Cellulite
- \_\_\_\_\_ Eczema
- \_\_\_\_\_ Psoriasis

Other \_\_\_\_\_

## Breasts (women)

- \_\_\_\_\_ Breast Fibrosis
- \_\_\_\_\_ Breast Lumps
- \_\_\_\_\_ Breast Cysts

Other \_\_\_\_\_

## Prostate (men)

- \_\_\_\_\_ Urination Difficulty
- \_\_\_\_\_ Frequent Urination
- \_\_\_\_\_ Urination burn / ache / pain
- \_\_\_\_\_ Urination dribble/swelling
- \_\_\_\_\_ Pain inside of legs or heels
- \_\_\_\_\_ Leg Twitching at Night
- \_\_\_\_\_ Headache Side of Head
- Other \_\_\_\_\_

## Cardiovascular Pillar #5

- \_\_\_\_\_ Chest Tension Tight / Pressure
- \_\_\_\_\_ Chest Heaviness
- \_\_\_\_\_ Chest Heart Pain
- \_\_\_\_\_ Heart Palpitations-Skip / Flutter
- \_\_\_\_\_ Heart Racing
- \_\_\_\_\_ Heart Slowing Down
- \_\_\_\_\_ Constant Shortness of Breath
- \_\_\_\_\_ Sleep Apnea
- \_\_\_\_\_ Mitral Valve Prolapse
- \_\_\_\_\_ Murmur
- \_\_\_\_\_ Bruise Easy
- Other \_\_\_\_\_

## Digestion Pillar #6 / Stomach

- \_\_\_\_\_ Heartburn
- \_\_\_\_\_ Indigestion
- \_\_\_\_\_ Stomach Aches
- \_\_\_\_\_ Stomach Cramps
- \_\_\_\_\_ Nausea/Queasy
- \_\_\_\_\_ Bloat after eating
- \_\_\_\_\_ Gas / Flatulence
- \_\_\_\_\_ Belching
- \_\_\_\_\_ Ulcer
- \_\_\_\_\_ Hiatal Hernia
- Other \_\_\_\_\_

## Liver/Gallbladder

- \_\_\_\_\_ Headaches Base of Skull
- \_\_\_\_\_ Greasy High Fat Food Cause Distress
- \_\_\_\_\_ Difficulty Losing Weight
- \_\_\_\_\_ Dry or Itchy Skin
- \_\_\_\_\_ Patches of Skin Look Different
- \_\_\_\_\_ Yellow Cast to Eyes
- \_\_\_\_\_ Stool Color Clay Colored
- \_\_\_\_\_ History of Gallbladder Attacks
- \_\_\_\_\_ Excessively foul smelling sweat
- \_\_\_\_\_ Hormonal Imbalances

## Liver/Gallbladder

- \_\_\_\_\_ Difficulty Swallowing
- \_\_\_\_\_ Wake up Between 1-3 am
- Other \_\_\_\_\_

## Hemorrhoids

- \_\_\_\_\_ Swollen / Distended / Bloody
- \_\_\_\_\_ Burning Anus
- \_\_\_\_\_ Itchy / Stingy Anus
- Other \_\_\_\_\_

## Bowels

- \_\_\_\_\_ Bowel Movements per day
- \_\_\_\_\_ Regular
- \_\_\_\_\_ Incomplete
- \_\_\_\_\_ Skip Days \_\_ per week / month
- \_\_\_\_\_ Sluggish Bowels
- \_\_\_\_\_ Cramps in Abdomen
- \_\_\_\_\_ Taking Laxatives
- \_\_\_\_\_ Using Suppositories
- \_\_\_\_\_ Enemas
- \_\_\_\_\_ Colonics
- \_\_\_\_\_ Pain with Bowel Movements
- \_\_\_\_\_ Irritable Bowel Syndrome
- \_\_\_\_\_ Chrons
- \_\_\_\_\_ Colitis
- Other \_\_\_\_\_

## Fecal Consistency

- \_\_\_\_\_ Color light/dark
- \_\_\_\_\_ Normal
- \_\_\_\_\_ Soft
- \_\_\_\_\_ Hard
- \_\_\_\_\_ Pebbles
- \_\_\_\_\_ Dry
- \_\_\_\_\_ Ribbon Like
- \_\_\_\_\_ Bulky
- \_\_\_\_\_ Mucous
- \_\_\_\_\_ Diarrhea
- \_\_\_\_\_ Constipation
- Other \_\_\_\_\_

### Cellular Vitality Pillar #7

- \_\_\_\_\_ Fatigue Constant
- \_\_\_\_\_ Dehydrated
- \_\_\_\_\_ Slow to Heal
- \_\_\_\_\_ Low Stamina
- \_\_\_\_\_ Sluggish Memory
- \_\_\_\_\_ Inability to achieve lean body
- Other \_\_\_\_\_

### Pain/Stiffness/Swelling Ache/Numbness

- \_\_\_\_\_ Head
- \_\_\_\_\_ Facial
- \_\_\_\_\_ Neck
- \_\_\_\_\_ Trapezius
- \_\_\_\_\_ Upper Back
- \_\_\_\_\_ Shoulders
- \_\_\_\_\_ Arms
- \_\_\_\_\_ Elbows
- \_\_\_\_\_ Wrist
- \_\_\_\_\_ Hand
- \_\_\_\_\_ Mid Back
- \_\_\_\_\_ Low Back
- \_\_\_\_\_ Sacracliasc
- \_\_\_\_\_ Hips
- \_\_\_\_\_ Buttocks
- \_\_\_\_\_ Legs
- \_\_\_\_\_ Knees
- \_\_\_\_\_ Ankles
- \_\_\_\_\_ Feet
- Other \_\_\_\_\_

### For Doctors Use

- For Doctors Use:  
Luna Fingernails R: | 2 3 4 5 L: | 2 3 4 5  
Splinter Hemorrhages  
Ear Creases (R/L) (mild / moderate / severe)  
Cherry Hemangioma  
Frenulum Cyst  
Color Tongue \_\_\_\_\_  
Coated Tongue (mild / mod / severe)  
Swollen Tongue  
Dark Veins Under Tongue  
Red Spots Tongue  
Geographic Tongue  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Overall Desired \_\_\_\_\_  
Saliva pH \_\_\_\_\_ Urine pH \_\_\_\_\_  
Allergies PH \_\_\_\_\_  
Current Meds: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

List Your Primary Concerns  
**in order of importance to you:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_